

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 1

FILING DATE

APPLICANT(S)

10/517718

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
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49				
50				
TOTAL IND.	3			
TOTAL DEP.	89			
TOTAL CLAIMS	89			

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	IND.	DEP.	IND.	DEP.
51				
52				
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99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS